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PTO/SB/21 (02-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/712,328 Filing Date TRANSMITTAL November 12, 2003 First Named Inventor **FORM** Lehr Art Unit 2661 (to be used for all correspondence after initial filing) Examiner Name Attorney Docket Number PDS-003C4 Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) After Allowance communication **√**l to Technology Center (TC) Fee Transmittai Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Statement under 3.73 (b) Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Simon Kahn - Reg. No. 48,249 Individual name Signature fers Date July 1, 2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Simon Kahn Date

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			Filing Date		Nov 12, 2003			
for FY 2004			First Named Inventor		Lehr			
Effective 10/01/2003. Palent fees are subject to annual revision.			Examiner Name					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2661			
TOTAL AMOUNT OF PAYMENT (\$) 133		Attorney Docket No.		PDS-003C4				
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
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SUBMITTED BY Name (Print/Type) Simon Kahn	Re	egistret	ion No.	48.249	1	(Complete (if applicable)) Telephone 703-486-1150	****	
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Date

July 1, 2004